

CLAIMS ONLY						Application Number <b>10/621007</b>	Filing Date		
						Applicant(s)			
<b>03-26-07</b>						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
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39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep			<b>3</b>			Total Indep			
Total Depend		<b>18</b>				Total Depend			
Total Claims		<b>21</b>				Total Claims			